

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 13, 1883.

Original.

THE RECENT INVASION OF NEW JERSEY
BY MALARIA.

BY W. E. BERKAW, M.D.

That marsh poison and its attendant symptoms developed in the human system are prevalent at present where they did not exist a few years ago is a *fact* which impresses itself upon the mind of every practitioner of medicine, and indeed upon the mind of every one who is interested in the sanitary condition of the country. Twenty-five years ago New Jersey and the Eastern States were comparatively free from malarial troubles, except in certain localities near marshes and swamps, or sluggish streams. Now it is becoming exceedingly difficult to find a region which has not been invaded more or less by this poison. Ask almost any physician in the State what diseases have demanded the greater part of his attention during the past five years, and among the most prominent in his enumeration will be the word, "malaria."

Now, why is this? Why do these localities, in whose precincts this disease was formerly unknown, now abound in malaria? Nature furnishes a cause for her every action, and surely we can not put this condition of things down as a causeless effect. Something received into the system must give rise to this disease, speaking generally, and although we admit that that something is marsh gas and its reception essential to the existence of malaria, the great question which agitates the medical mind to-day is, why do we find this miasm now where recently it did not exist?

Many theories have been advanced and much speculation done, but a positive position is still wanting. Some physicians attribute this change in our sanitary condition to the atmosphere and its phenomena. They assert that we lack the great rains and cold winters which were seen years ago.

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Although cold seems to prevent the development of marsh fevers and heat to intensify their nature, yet something more is wanting, because the isothermal lines diverge very widely in comparison to the corresponding lines of latitude. Thus, on the Atlantic slope we find altogether a less malignant type of malaria than on the same latitude in the West, yet the isothermal conditions may be the same. Other physicians claim that the human race is gradually deteriorating, and the body has not the vigor to resist poisons as had the physical structures of our ancestors.

Still others assign, and I think correctly, the origin of malarial poison to the many improvements going on about us daily. By this I mean, more particularly, the erection of buildings and other structures which demand the upturning of fresh soil, which, under the action of heat and moisture, gives off its poisonous vapors. And the more vegetable the nature of the upturned soil the more intense the fevers; while in dry, stormy regions the milder forms are met with. Observations tend to prove this. Thus it can readily be seen why some of the sea towns suffer so intensely. Many of these places are built upon what is termed "made land," a greater part of which is vegetable in its character. Again, the sea is constantly forming a vegetable earth along the coast, as geologists tell us, and wherever a town is built this maritime soil is thrown up to the action of the sun's heat and the atmosphere which is humid. Herein we have the three elements of putrefaction, viz., heat, moisture, and organic matter, and as a result of their association marsh-gas or miasm is produced. This will prove why so many of the towns situated on the Atlantic seaboard from Cape May to Cape Cod are so full of this poison. We have this condition illustrated in our own State in the towns, many and quite populous, built between Jersey City and Amboy. Many of these places are filled with malarial poison

to which the more vigorous inhabitants become accustomed, while those of less vitality and by reason of a debilitated condition fall the victims.

Wherever we find streams filled with the putrefaction of ages, as it were—more especially illustrated in the Roman Campagna, through which the yellow Tiber sluggishly threads its way—there we meet the most deadly and fatal forms of malaria.

Every newly constructed railroad appears to open a line of malaria as well as a mode of travel and traffic. Observation pointedly shows that malarial conditions are more prevalent along these routes. It is a historical fact that the New England shores, especially those along Long Island Sound, were once the healthiest of regions; but at the present time they abound in malaria, and almost every disease appears to be more or less complicated by a malarial condition. The city of Boston, once as well remarked for its healthy condition as for its superior intelligence, now furnishes its full proportion of malaria. Into this city—Boston—the arms of the sea formerly penetrated, but owing to the demand for building space these arms have been filled with a soil, the greater portion of which is vegetable in nature. This "made land" is continually undergoing putrefaction and giving rise to the most offensive and foul gases, which contain the apparently all essential miasmatic poison. An objection might be offered to this view, namely, that the upturning of the soil is a prime and important agent in the development of malarial conditions. If this condition is so essential, why do we not meet with malaria in every region under cultivation? But the process of tilling the ground is certainly preventive, because the poison is not permitted to attain sufficient intensity to affect the system. It is more diffusely disseminated and so greatly diluted that the least vigorous can resist its effect. It is well known that the only time when Rome was free from malaria was during the period in which the plains about her were under a high state of cultivation.

That the upturning of the soil, which has long been untouched and in a dormant state, is an important factor in the development of malaria is proved in many instances. Bristowe says: "The soil of Hong Kong consists of disintegrated granite, containing, according to Dr. Parkes, less than two per cent of organic matter, yet ague, which had not previously prevailed, became rife and fatal at a time when the soil was

being extensively excavated for building purposes." Again, during the Crimean war, malarial diseases became rife about the fortifications of Sebastopol during the memorable siege of that city. Paris, usually free from malaria, has now and then her epidemics, following great excavations. Thus, I think, it is proved beyond contradiction that one of the most important elements in the production of malaria is in the soil and its changes, such as demand extensive excavations.

Of course we do not meet with the pernicious grades which exist in a warmer climate, and congestive cases are either importations or are due rather to the unhealthy condition of the individual attacked than to the intensity of the poison. But every day the physician's attention is called to some manifestation of the action of this prevalent miasm upon the human organization; if not in the form of a well-marked intermittent or a typical remittent, still its action can not mask itself; and although each of the stages, cold, hot, and sweating, may be absent, yet the peculiar periodicity of the patient's condition impresses one with the idea that malarial trouble exists. I recall one case in which the only symptoms were nausea and vomiting, recurring every other day in the afternoon. There was no chilliness, fever, or perspiration, except that incident to the emesis. My diagnosis was based wholly upon the periodicity of the nausea and vomiting, and under a treatment analogous to that used to combat intermittent febrile conditions the recovery occurred. Whether there was some idiosyncrasy which existed in the patient, by means of which any disease would have had marked nausea and vomiting as symptoms—I could not learn that in former sickness these were distressing symptoms—or whether the peculiarity existed in the poison, I am unable to say.

Although this appears a digression from the subject, I think it illustrates what we may expect often and what we should look for in any trouble whose cause seems obscure. One fact is very certain, that the complication of malaria changes many of our common physical troubles into peculiar conditions which we are unable to diagnose as easily as formerly, and it behooves every physician to be on his guard and watch for any symptoms which indicate the likelihood of malarial poison.

Southern New Jersey has her share of malaria, while the northern part of the State, once unknown to such conditions, now furnishes her full quota of malarial

subjects. The Delaware Valley, from Trenton to Port Jervis, has been invaded by malaria; but the most marked invasion is noted along the railroads, especially those built in recent years, and in towns which have been built quite rapidly. Bound Brook, where three railroads center, has attracted medical attention throughout the country by reason of its miasmatic condition. This is not wholly due to the action of heat and moisture upon the upturned soil. Just east of the town quite a marsh exists, which was rendered more sluggish than formerly by the building of one of the roads. This has been remedied somewhat by judicial action, and while not as bad as formerly still enough poison is evolved at present to contaminate the systems of many of its residents.

With this apparent cause for malaria in most localities, many cases are found, however, in the mountainous regions of the State for which no observable cause can be assigned. These cases are as well marked in their types as are those of the malarial districts. Why these cases, sporadic in character, should originate in a healthy mountain air I am unable to say, and must wait for time to show the cause. That they do exist and are very intermittent in character admits of no doubt. Just here let me say that the word *malaria* has been abused in its use as a screen behind which to take refuge when diagnosis is obscure. This should not be, but although many cases have been called malarial which were perhaps of a different nature, still it does not lessen the fact that true malarial conditions are at present very prevalent and are continually demanding medical attention.

The popular mind has also seized upon the word *malaria*, and many will come to you giving their own diagnosis before you have made any observations. In some instances patients are correct and rightly surmise their condition; in others they are badly mistaken. Many, therefore, upon their own diagnosis will go to the druggist, get their quinine pills and endeavor to drive out the foe. One case which explains this was observed in a man who was comfortably blessed financially, but who was possessed with a desire to get rid of an unfavorable physical condition as cheaply as possible. Some one, not a physician, however, told him that he was suffering from malaria, and advised him to take quinine. Subsequent thoughts brought his mind to the conclusion that such was the case, and he began

treatment—his own, of course. For many days he took his "anti-malaria" just as faithfully as his food, but with the result of "no cure." His unfavorable condition still existed. Finally, disgusted with his own medical advice and treatment, he came to me. I found no evidence of malaria, but observed a catarrhal condition of the stomach and intestines attended by more or less diarrhea. The only treatment consisted in the production of emesis and catharsis, followed by a short course of tonics. He recovered, and is looking for the man who told him he had malaria.

ANNANDALE, NEW JERSEY.

A NEEDLE FORTY-SIX YEARS IN THE BODY.*

CASE I. Mrs. W. in 1830 swallowed a large needle with a broken point. Considerable irritation occurred, the needle apparently lodging, and attempts to remove or force it down caused some vomiting of blood, and for two weeks afterward she brought up blood from the throat. About twenty years later she was seized suddenly while stooping with intense lancinating pain in left hip joint, which made movement agonizing, and confined her to bed several weeks. Recurrence of this pain took place twice, at intervals of one and two years, in each instance the attack coming on suddenly while using the limb—always in the left hip. In 1874 she was instantly and violently attacked in the left shoulder and arm with an exquisite pain, worse even than the worst rheumatism. This was attended by more or less swelling, and was considered rheumatic, but resisted all treatment. It lasted several months, and disappeared of itself, and for nearly two years she experienced no trouble. But in 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow joint. All remedies failed to effect relief, when, in applying a liniment, something wounded her hand, and on looking for the offending object a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The needle was blackened, and had lost its smoothness. Careful examination showed the needle to be one of an ancient pattern

*Notes from the practice of Dr. C. J. Walton.

which had long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain, and is now a woman of eighty, with the physical and mental vigor of one forty years of age.

A Calculus: On June 16, 1882, I was called to see J. B., a negro man aged about thirty-four, suffering from stone in the bladder. The patient being chloroformed, and Drs. Taylor, Donan, Payton, Edwards, Wilson, Garvin, and Scruggs being present, I performed the lateral operation, Dr. Taylor administering chloroform, Dr. Payton holding the staff, and Dr. Wilson using the sponge, etc. The operation required but a few moments, and the stone was removed with but little difficulty. The opening, after the stone was seized with forceps, required a little enlargement, which was readily effected with the index finger of the left hand. The stone being soft (triple phosphates) crushed under the forceps, and only about half of it was thus removed—the remainder being brought away with a scoop and the index finger of the left hand and smaller particles removed by the injection of a jet of warm water from an ordinary syringe. The stone seemed to have been oval in shape, slightly flattened on two surfaces. Examination of the calculus discovered a piece of straw within the stone, which proved to be the straw of a "fox-tail grass" which had been introduced, as stated by the patient, into the bladder about nineteen years before. The straw appeared to have coiled up into the bladder and broken off, as there were a number of cylindrical fragments of stone, with pieces of straw within them, in the central portion of the stone. The stone was probably as large as an ordinary hen's egg. A gum-elastic catheter was introduced through the wound into the bladder and permitted to remain about six hours, when it was removed. The urine from this time flowed through the urethra naturally, and never passed through the wound afterward, except a slight dripping about the fifth day. No unfavorable symptoms occurred. Within six weeks from the time of the operation he was taking outdoor exercise, and within two months was able to go to work. He had suffered greatly from vesical trouble for the past ten years, and had undergone all sorts of treatment for disease of the kidneys, bladder, etc., and had become entirely helpless, being bed-ridden for several months before the lithotomy.

MUNFORDSVILLE, KY.

Miscellany.

PLUM PUDDING.—We commend to the prejudiced the following from the London Lancet:

Few people of middle age view with equanimity the festivities the present season brings with it. This often makes them unjust to those who at the extremes of life are able to enjoy the good things, if only indulged in with moderation. Middle-aged prejudice is unusually severe against plum pudding; yet this article is a highly efficient food, yielding a force equivalent to two hundred and fifty foot tons. It is also an admirable vehicle for the administration of fat, an article of diet, as a rule, usually objected to by children. Plum pudding, in reasonable quantity, is certainly to be preferred to the so-called "wholesome" cakes, which have little fatty matter in their composition. A good wedge of cold plum pudding is not an unwholesome lunch for young and growing lads to put in their pockets when out for a day's skating or hunting. Elderly people too are often able to compete with the younger members of the family in the enjoyment of Christmas cheer in a manner that amazes and discourages their middle-aged relations. The fact is, as has been happily pointed out by Professor Michael Foster, the digestive elements are long preserved, so that a man who in the prime of manhood was a martyr to dyspepsia by reason of the sensitiveness of his gastric nerves, in later years, when his nerves are blunted, and when therefore his peptic cells are able to pursue their chemical work undisturbed by nervous worries, eats and drinks with the courage and success of a boy.

ANECDOTES TOLD BY SIR THOMAS WATSON.—The editor of the British Medical Journal gives the following:

While attending Lawrence, the great surgeon, when he had hemiplegia with aphasia, it was thought desirable to give to the patient some sedative. Lawrence, knowing this, and wishing to indicate what remedy he desired, was unable to find the word he wanted, and became greatly agitated in consequence. Sir Thomas Watson got pen, paper, and ink, and asked him to write the word. This he could not do, but, taking the pen full of ink, made a large splash on the paper, and offered it to those at his side, Sir Thomas at once perceived the drift of this, and saw that the patient wished for

"black drop," a discovery which greatly delighted and satisfied Lawrence. Once, when dining at a large dinner party where Lawrence and Brodie were, the former remarked that Abernethy was the only genius in surgery he had ever seen.

Sir Thomas, in relating some of his professional experiences, used to mention the extensive amount of venesection which he had witnessed, relating an instance in which a man in Edinburgh was bled to seventy ounces by a clinical clerk, and with benefit, having been told to let blood until a sensible alteration was produced on the pulse.

He remembered the following as having happened: When at the Middlesex Hospital, he once saw a chimney-pot fall to the ground, and out of it jumped a sweep-boy, who immediately ran away, unhurt, for fear of being beaten.

He used to relate that, after a letter of his in the Times on the cattle-plague, some one wrote to him from Norwich to ask him to come down and vaccinate his cattle. Watson replied "he did not know how."

Once, when dining in company with Mr. Richmond, and the conversation turning upon sporting, the latter said, "Well, he had never put a gun to his shoulder, and supposed that by not shooting he *missed a good deal*." Watson replied that "if he did shoot he probably would *miss a good deal more*."

He told the story of some one at a medical dinner party asking another, "Well, what's the news?" "Oh," said his friend next to him, "Dr. Jones has refused a fee, Dr. Smith has taken one, and Dr. Smithson has had one offered to him."

Lord Hatherly used to say that when at Cambridge he paid his fees to Watson, who was then a proctor (being a layman), dressed in a blue coat with brass buttons.

PULSATION OF THE SPLEEN IN AORTIC INCOMPETENCE.—It would appear that this sign of aortic incompetence has not been previously described. Attention has now been drawn to it by Dr. Gerhardt, in the *Zeits. für Klin. Med.*, without any attempt being made to magnify the importance of the phenomenon. We are familiar with pulsation in the smallest vessels of many of the visible parts of the body in aortic incompetence, including the bed of the nails; and Quincke has shown how the two factors necessary for its production are, relaxation of the vascular walls, and sudden great variation in the blood-pressure, such as occurs in aortic regurgitation. In Gerhardt's three

cases the spleen was large and the patients in high fever. The splenic tumor swelled during cardiac systole, expanding gradually, and diminished in size again during diastole. A dull double sound was audible over the tumor, apparently distinct from the cardiac murmurs which could be made out at the upper part of the tumor. To the finger the pulsation had not the characters of an aneurism, but was of the nature of a soft swelling, very much as in pulsating jugulars. The sign appears to be not entirely without some prognostic value, inasmuch as it indicates a sound condition of the left ventricular walls, and compensation, as far as possible, of the valvular inadequacy. —*Medical Times and Gazette*.

THE POLLUTED AIR OF PARIS.—Observations have been carried on by M. Miquel, at the Municipal Observatory at Montsouris, since 1875, for the purpose of ascertaining what matters are habitually held in suspension in the Paris atmosphere. These seem to be of all kinds, comprising cotton, hemp, wool, silk, hairs, down, pollen, starch granules, epidermic pellicles, particles of carbon, silex, and various salts, crystals, globules of iron, dead insects, ova of infusoria, etc.—and especially spores of cryptogams and bacteria. The most abundant *microbes* are derived from moulds, the white spores of *penicillium*, and the brown and green spores of *aspergillum*, etc. They are microscopically examined on lamellæ smeared with glycerine, which are exposed to a current of air for forty-eight hours, the air passing over the plates at the rate of about twenty liters per hour. The number of spores of cryptogams in suspension varies with the season, varying from three thousand in March to fifty-four thousand in June; while the winter quarter averaged sixty-three thousand per month, the summer quarter averaged thirty-six thousand five hundred. Humidity considerably increased the number of spores. There was little difference found as regards the number of spores at the Observatory and at the cemetery of Mont Parnasse; and an apparatus placed near the sewer of the Rue Rivoli did not exhibit more than are found in the atmosphere of the best houses. The distribution of the *microbes* was found to be different. Of these four principal classes were observed, the micrococci, the bacteria, the bacilli, and (in much less numbers) the vibriones. At Montsouris the number of bacteria per cubic meter varied from one hundred and sixty-one per month in the

autumn quarter to eighty-nine in the summer quarter, and thirty-six in the winter quarter, increasing enormously in September, and especially in October, to diminish again in November; but here, contrary to what happens with cryptogams, the number diminishes greatly in wet weather, to increase during the period of dryness, and if the dryness persists they die—so that their numbers increase or diminish considerably according to the meteorological changes. While cryptogams diminish in autumn, the bacteria augment; and the appearance of the latter in large quantities seems to coincide with the prevalence of high winds. At the Pitié Hospital the number of *microbes* diminishes during the summer to increase in winter, because ventilation is less complete during the latter; and this is the case in general in all habitations of populous quarters. According to M. Miquel's tables, a man living amidst the free air of Montsouris would introduce daily by the air-passages three hundred thousand spores of cryptogams and two thousand five hundred bacteria. The same man living in the wards of the Hotel-Dieu would introduce eighty thousand cryptogamic spores and one hundred and forty-one thousand bacteria. What it is of importance to bring out is the coincidence which M. Miquel has been the first to establish, of the curve which represents epidemic diseases, and of the curve which expresses the number of bacteria. The mortality from infectious diseases always increases or diminishes when the number of bacteria increases or diminishes. Is this a mere coincidence, or is it a relation of cause and effect? M. Miquel is so convinced of the reality of the parallelism that he affirms that he can follow in his laboratory the variations of Parisian mortality caused by zymotic diseases, without as yet being able to indicate which of the *microbes* it is that does the mischief.—*Gaz. Hebdomadaire*.

THE QUEEN AND HER SOLDIERS.—Her Majesty the Queen has graciously forwarded to the Superintendent of Nurses at the Royal Victoria Hospital, Netley, five large Berlin-wool quilts for the use of the military invalids at the hospital. One of the quilts has been entirely worked by the Queen herself, and a second one by the Princess Beatrice. (The British Medical Journal). The former bears, in one corner Her Majesty's cipher of a crown, V. R. I., and the date 1882. The latter bears the initial letter of Beatrice. These were ordered to be appro-

priated to the use of any of the soldiers under treatment for wounds inflicted during the late war. The other quilts have been worked by ladies of the Court, but the Queen has added a border to each. The quilts are made of the softest wool, are of rich though plain patterns and colors, and are perfect in all respects as warm bed-coverings. They are remarkably even and skillfully knitted. This personal gift forms a touching instance of the Queen's kind-hearted solicitude for the welfare and comfort of the sick and wounded soldiers who have recently returned from Egypt. The remark attributed to Her Majesty is, "They have done much for me, and I must do something for them."

MANUFACTURE OF FRENCH WINES.—It appears from an analysis of wines made at the Municipal Laboratory, Paris, that all wines and liquors imported into France are subject to an analysis at the Customs before delivery to the importers, and if found adulterated they are not admitted to entry. There is, however, no inspection or examination of wines exported. (Med. Times and Gazette). In 1881 there were 3001 samples analyzed, the result being that 279 were found to be good, 991 passable, and 1731 bad; while in the first five months of the present year 1,869 samples were analyzed, out of which 372 were good, 683 passable, and 814 bad, 145 of these latter being pronounced decidedly injurious.

THE NEW YORK CODE.—On December 19th the Medical Society of the County of Warren, N. Y., in regular session at Glen's Falls, adopted the following:

Resolved, That the delegates of the Medical Society of the County of Warren to the Medical Society of the State of New York be instructed to vote for the repeal of the new Code at the next meeting of the State Society.

On the 12th ultimo the Medical Society of the County of Green, N. Y., also repudiated the new Code.

A COMPLIMENT.—The Medical Times and Gazette says: "The surprising familiarity shown by American physicians with the latest researches in this country and on the Continent is, we fear, scarcely enough reciprocated by us."

MR. KILGARRIFF, of Ireland, lately successfully trephined a patient for abscess on the brain.

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LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - } Editors.

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A MEDICAL SOCIETY NEEDED.

It has long been a matter of profound regret to the progressive members of the profession that no medical society exists in Louisville. Our esteemed friends of the Medico-Chirurgical will pardon this sweeping statement when we explain that we have reference to a broad and open organization, unlimited as to numbers, furnishing a free field of action, and offering ready admission to all reputable physicians who will subscribe to a given constitution. The Medico-Chirurgical Society of this city is more after the model of a club, where gentlemen of congenial social and professional relations meet to discuss matters medical, and enjoy in turn the hospitality of one another. It is a delightful company of gentlemen, who have the respect and esteem of the profession and are well-known as practitioners.

What we need in Louisville is a society open to every reputable physician who will subscribe to the Code of Ethics, and by his prompt attendance and earnest work contribute to the advancement of the profession in every possible relation. The profession needs a society comprising all the separate elements and conflicting interests now existing in Louisville. The true policy of a medical career would soon be apparent to all, and it would be recognized that the ele-

ments should be united, thereby promoting the welfare and prosperity of all and avoiding a conflict of interest.

It is almost impossible to estimate the immense general and individual benefit which would accrue to the profession of Louisville from a well-organized medical society in our midst. The results are shown to be, without exception, of inestimable advantage wherever such organizations are established. An energetic and well-ordered society is the greatest enemy to quackery of all kinds which has ever been instituted. These organizations improve their members in scientific acquirements, elevate their position in the profession, and strengthen their hold upon public esteem and confidence. As illustrating the serious loss being daily sustained by the profession in this respect, let us ask how many pathological specimens are seen during the year by the practitioner in this city? A society would give an impetus to work in all departments of the profession; diffuse knowledge obtained by study and observation, and by frequent interchange of views promote a generous and healthful rivalry, with more pleasant intercourse in all professional relations. Such a condition of affairs, while aiding the physician in his work, would add very materially to his happiness.

Louisville is the only city in the Union of equal or larger population which is without a medical society open to all reputable members of the profession. No city in the Union of equal size has more gifted, able, industrious, and cultivated physicians. Is not the opening of the new year a most propitious time for turning the traditional new leaf, and establishing an organization which will be a blessing at home and an honor abroad?

THE BACILLUS TUBEROULOSIS.

The December number of the Chicago Medical Journal and Examiner contains an able and elaborate article embodying researches upon the bacillus tuberculosis, by

Dr. H. D. Schmidt, of New Orleans. He claims that the so-called bacilli disappear and leave no trace behind when submitted to boiling ether, thus proving, according to Dr. Schmidt, that these bodies are only fatty crystals. Other observers, it must be remembered, claim that, after disappearing in this manner, they reappear when the sections are again stained. In other words, the bacilli are only deprived of their coloring matter by being boiled in ether.

Amid conflicting opinions and diverse views, research upon this line of investigation has become very active, and the true pathogenetic position of Koch's discovery will doubtless soon be determined. Formad, in Philadelphia, Schmidt, in New Orleans, and Hirschfelder, in San Francisco, are conducting ingenious and painstaking researches with the microscope upon this important pathological problem. Dr. James T. Whittaker, of Cincinnati, has shown in a late number of this journal how far-reaching and how valuable in its relations to practical medicine, and in the explanation of clinical phenomena, as he believes, is the discovery of Koch. The possibilities suggested by these researches are unquestionably brilliant, and the future of germinal pathology becomes more promising than ever before. In the meantime the practitioner ponders over the diffusion of tubercle throughout its several elective habitats, as well as the mode of transmission, and looks hopefully to the laboratory for the conversion of possibilities into facts established by demonstration.

MEDICINÆ ET CHIRURGÆ MAGISTER.—It is reported that the Faculty of Medicine of Paris proposes creating a higher degree in medicine than M. D., to be known as "Doctor of Medical Sciences." Dr. John B. Roberts, of Philadelphia, suggests that should a doctorate degree higher than M. D. be established in this country, it would be most appropriate to term such degree "*Medicinæ Specialis Magister*." We trust that no such degree will be established, but that in-

stead the M. D. be advanced higher and higher till it shall represent the highest attainments in the medical sciences. Should such a degree be established we believe that "*Medicinæ et Chirurgiæ Magister*" would be more appropriate than that of Master of Special Medicine, suggested by Dr. Roberts. At the present time the title "Fellow of the American Academy of Medicine" is intended to represent in this country the highest scholastic and medical attainments combined.

DR. JOSEPH HOLT, of New Orleans, in an eloquent address before the New Orleans Medical and Surgical Association upon the occasion of the ninth anniversary of that society, thus alludes to the influence exerted by that organization upon the profession of the Crescent City: "A great work has been accomplished; a great change wrought, silently, slowly, almost imperceptibly. So great a change, indeed, that the medical profession in New Orleans of to-day is no more like that of ten years ago than peace and quiet and contentment of mind are like the wrangling of passions in perdition."

TYPHOID FEVER IN PARIS.—The recent epidemic of typhoid fever in Paris has been one of great severity. At one time more than one hundred deaths per week were reported from this cause alone. The French physicians attribute the origin of the disease to overcrowding, defective drainage, and filth. The contagious nature of the disease was recognized. The best results were obtained by those who pursued the expectant plan of treatment.

The Illinois State Board of Health gives notice in the recent annual report, that after the scholastic year of 1882-83, license to practice medicine in Illinois will be issued only to graduates of such institutions as require a preliminary examination on the branches of a thorough English education.

Bibliography.

A Manual of Hypodermatic Medication. The Treatment of Diseases by the Hypodermatic Method. By ROBERTS BARTHOLOW, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. Fourth edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street, Strand. 1882. 1 vol 8vo. Pp. 365.

Indiscriminate praise of a book is neither a kindness nor a compliment to the author. Imperfection, inherent in all human work, may be expected even in the best books, and to point out faults in the productions of any author does not imply unkindly feeling or discourtesy on the part of the reviewer.

The necessity or advantage of having a manual of hypodermatic medication seems to be established by the fact that this is the fourth edition called for. In so far as the present volume is really devoted to the subject of hypodermatic medication it may be said to occupy a place in medical literature not filled by any other work. Much space, however, is given to the consideration of matters which have no particular connection with the subject announced on the title-page. Nineteen pages are taken up by a chapter on the opium or morphine habit and its treatment. The history of the antagonism between morphia and atropia occupies six pages. The antagonisms of strychnia are considered in nine pages. The physiological effects and therapeutic application of each agent are also given. Now when it is borne in mind that all these subjects receive full and adequate attention in numerous other works readily accessible and in the possession of the majority of physicians, one is at a loss to understand why the bulk and cost of this work, ostensibly devoted to hypodermatic medication, should have been increased by the introduction of so much matter not properly pertaining to this subject.

The physiological effects of morphia and other drugs, and their therapeutic uses, are so nearly the same, whatever be the mode of administration, as to make this part of the book superfluous. The artificial alkaloid homotropine, obtained by decomposing atropia, receives complimentary notice of nearly a whole page, in which almost every thing known relating to this new preparation is mentioned *except* its hypodermatic use. If Dr. B. ever administered it by this method he has omitted to say so. Neither does he men-

tion its degree of solubility, its solvents, or the dose.

The book contains much of value, and was, when the first edition appeared, a desirable contribution to medical literature. The merits of the present edition would be greatly enhanced were all the irrelevant matter expunged, so that it might become what it claims to be, namely, a manual of hypodermatic medication. O.

Transactions of the Medical Society of the State of Tennessee. Forty-ninth Annual Session. 1882.

We are pleased to see such evidences of continued prosperity and universal coöperation as are furnished by the volume of Transactions from our neighbor, who has grown to be almost a half century in age.

The address of the president, Dr. G. B. Thornton, of Memphis, is replete with valuable suggestions, and discusses with the ability of a clear-headed practitioner and a well-informed sanitarian topics of special interest to the profession of the State of Tennessee.

Dr. W. M. Clark, of Nashville, contributes a paper on the Progress of State Medicine in Tennessee, and Dr. D. D. Saunders, of Memphis, furnishes a valuable paper, being observations upon the five yellow-fever epidemics which have occurred in the city of Memphis. Dr. R. B. Murray, of Memphis, contributes an admirable paper on the Prevention of the Puerperal Diseases.

Other interesting and valuable contributions appear from Dr. Henry Ess, of Memphis, Dr. W. F. Glenn, of Nashville, Dr. Alex. Erskine, of Memphis, Dr. Thad. Donohue, of Memphis, Dr. A. G. Sinclair, of Memphis, Dr. G. A. Baxter, of Chattanooga, Dr. J. W. Davis, of Smyrna, Dr. R. B. Nall, of Memphis, Dr. T. K. Powell, of Dyersburg, Dr. W. F. Clary, of Unionville, Dr. T. J. Happel, of Trenton, and Dr. A. J. Jones, of Cornersville.

All these papers give evidence of careful preparation, and are the work of honest, sensible, and practical physicians. The subjects selected for discussions are of great practical importance, and are discussed from the most available practical position. Such meetings as the last one of the Tennessee State Medical Society are, judging from the Transactions before us, always instructive and improving to the membership and profession of the entire commonwealth.

After examining such a series of excellent papers one can not but regret that our Tennessee brethren continue to bury their observations in a volume which is issued months after the session, and distributed to the physicians of a limited region. The transactions of medical societies as published in the annual volume should be abolished, and the papers and discussions should be given to the profession at once through the columns of "a live medical journal." In this way the results of scientific investigation and clinical observation are given to the public while fresh, and are distributed through many channels to the medical profession in all civilized countries. We trust the Tennessee State Medical Society will follow the example of her sister, the Kentucky State Medical Society, and give her proceedings to the profession through the medical press.

A System of Human Anatomy. By HARRISON ALLEN, M. D., Professor of Physiology in the University of Pennsylvania. Being Section III, on the Muscles and Fasciae.

This section of Dr. Allen's work is as fully up to the standard of superior scientific work and artistic illustration as the two former sections, which were reviewed at some length in these columns a few weeks since.

In Section III Dr. Allen describes in regular order all the muscles of the body in detail, giving their relations to the adjacent parts, their functions, variations, and their connection with surgical procedures, injuries, and deformities.

This work is rich in cases illustrating the bearing of anatomical facts upon the practice of medicine and surgery. The plates are faithful as well as thoroughly artistic, and are arranged in most convenient form for study and reference. This section confirms the belief we expressed after an examination of Sections I and II, that when completed this work upon anatomy will be the best one extant for the purposes of the advanced student and the practitioner.

A MASS of two hundred loose cartilages, which had been removed from the knee-joint of a patient by Mr. Thomas Smith, was recently exhibited by Sir James Paget at a meeting of the Royal College of Physicians in London.

Medical Societies.

MITCHELL DISTRICT MEDICAL SOCIETY.

The Mitchell District Medical Society of Indiana held its Twenty-sixth Semi-annual Meeting at Seymour on December 27th and 28th, with a moderately fair attendance.

The first paper read was by Dr. W. H. Lopp, of Columbus, upon the Pollution of Drinking-water. The essay contained a number of interesting statistics bearing on epidemics which were evidently produced from no other cause.

This was followed by a short address by Dr. L. S. Oppenheimer, of Seymour, on the Drinking-water of Seymour, which the doctor illustrated by means of chemical and microscopical tests of the various waters found in the city.

A lively discussion followed, in the course of which the most diverse opinions were expressed. Some contended that so-called typho-malarial fever (supposed by some to be a myth) always originated in impure drinking-water, and thirty cases with water analyses were quoted to substantiate the theory. Another maintained that although the citizens of Vincennes drank surface-water and sewerage filtrations constantly, typhoid fever was almost unknown there.

The Professional Life and Character of the late Dr. E. W. King, of New Albany, by Dr. G. W. Burton, of Mitchell, elicited the tenderest expressions of regret and admiration for the young and gifted dead. The society appointed Dr. N. Gaddy and Dr. Burton to finish the Statistics on Placenta Previa which have made Dr. King so popular and which he had not yet completed. A letter from the widow of the deceased young author was read and listened to with the most rapt attention, and the highest encomiums pronounced on the husband and father.

Some of the Abuses of Quinine as a Therapeutic Agent, by Dr. N. Gaddy, of Lovett, was an admirable paper and contained a number of new points on this subject, but was in the main too radical to meet with favor. It suggested the utter abandonment of large doses of quinine and the sparing use of it always and only in properly-selected cases. The author says further, that even when given in moderate doses dangerous depression of the vascular and nervous systems often ensues, and is too frequently ascribed to the disease.

A paper on the Diagnosis and Treatment

of Ulceration of the Rectum, by Dr. Geo. J. Cook, of Indianapolis (formerly of Louisville, Ky.), was received with much favor. Dr. C. also showed the society his rectal speculum.

Anesthesia and Anesthetics, by Dr. Jos. Eastman, of Indianapolis, was an interesting "talk" upon this subject. Dr. E. is a gifted orator and speaks with grace and earnestness.

The Remediable Diseases complicating Chronic Dislocations, by Dr. Edward von Donhoff, of Louisville, was one of the most classical and scientific papers ever presented to this society, and was by far the finest paper of this session. It gave a brief *résumé* of the pathology of chronic dislocations, and was very pronounced in favoring bony resection in all cases in which decided improvement was at all likely to occur.

Dr. T. S. Galbraith, of Seymour, reported five cases of trachelorrhaphy according to Emmett's methods, all of which were decidedly successful. One of these had been treated for years by a "regular gynecologist" for uterine fibroid, another for metritis (areolar hyperplasia), and the others were *burnt* by various doctors for "ulcer of the womb."

Scarlatina, by Dr. N. N. Shipman, of Seymour, brought the subject of prophylaxis into the foreground.

Antepartum Uterine Hemorrhage, by Dr. S. H. Charlton, of Seymour, discussed in a very plain, practical manner the prevention of abortion and the management of hemorrhage before parturition, especially in placenta previa. None of the members could speak favorably of ergot or black haw in threatened abortion. Opium was considered the sovereign remedy. Dr. Gaddy stated that a strong infusion of hempseed seemed to answer the purpose better even than opium. He also thought that morphia was inferior to opium because it stimulated more.

The next meeting of the society will take place on the last Wednesday and Thursday of June, 1883, at Mitchell, Ind. L. S. O.

AMERICAN OLEOMARGARINE CHEESE.—

The report of the Royal Agricultural Society says that the lard and oleomargarine cheeses imported from America are wholesome and nutritious articles of food, which can not be distinguished by their appearance and general properties from ordinary cheeses.

Correspondence.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Editors Louisville Medical News:

The establishment of the Journal of the American Medical Association being an event near at hand, two important questions are to be determined. One of these questions is, where shall the Journal be published, and the other, who shall be its editor? Although these questions might, without a word of suggestion, be left to the decision of the gentlemen selected by the American Medical Association who have so admirably and successfully carried on the preliminary work, let it not be regarded an act of presumption if one who was among the early advocates of this enterprise, and who heartily desires its complete success, should utter his opinions in reply to these questions.

Without making comparisons between any of our great cities, east or west, the best place, in my opinion, for the publication of such journal is Washington City. That is the place where our national laws are made, and there those laws have their interpretation by our highest court; there our national character is most plainly and fully represented; there, more than any where else in the United States, is the home of the American Medical Association, as there its annual meetings will most frequently be held; there too is the National Medical Library, of which every American physician is so justly proud, and which offers its ample and invaluable treasures to render essential help to the editor of that which must be the best medical journal in the world. That there is no medical publisher in Washington is to the advantage of this selection, for all entangling alliances with publishing houses, as well as with medical schools, or medical coteries and cliques must be carefully avoided. Washington is not so wrapped up with the consciousness of its own medical importance that any thing like provincialism or sectionalism would be encouraged or even tolerated. The Journal is not a local enterprise for the promotion of personal interests, but belongs to the whole profession, north, south, east, and west, a national undertaking, and therefore let it go forth from the national Capital.

And now as to the editor. The man who is admirably fitted for this most responsible position is Dr. John S. Billings. He has

the professional knowledge, both from study and experience, which would enable him to choose such contributions and make such selections as will be most needed by the profession and most useful to them; he probably has a larger acquaintance among the medical men of the country than any one who could be selected; he is one of the best medical scholars, possibly the very best medical scholar, upon this continent or in the world. He is a clear, vigorous writer; he is generous in nature, catholic in spirit, faithful and fearless in the discharge of duty. His name as editor would at once give the Journal character both at home and abroad. He is loyal to the American Medical Association, one of its most constant attendants and one of its best workers. He can and will do for the journal of our Association all that Ernest Hart has done for that of the British Medical Association.

If the trustees decide to publish the Journal elsewhere than in Washington, in Chicago for example, of course the man to place at the helm is one whom the whole American profession love and honor, one of the noblest and best of men, Dr. N. S. Davis. If Philadelphia be selected, Dr. J. H. Packard, who has done so much work already toward making the Journal a success, would be an excellent choice.

Nevertheless, it seems to me that Washington City is the most desirable place for publication, and Dr. John S. Billings is peculiarly fitted for the important and responsible position of editor of the Journal of the American Medical Association.

Yours sincerely,

THEOPHILUS PARVIN.

INDIANAPOLIS, IND., Jan. 5, 1883.

Editors Louisville Medical News:

In a pamphlet advertising a proprietary medicine for digestive derangements which a Philadelphia firm is industriously circulating in my section, the following unwise language occurs: "We do not wish for a moment to be understood as denying such a condition of the system known as malaria, but we do deplore the abuse of this term. Given ten cases of so-called malaria, the strong probabilities are that *nine* will be found suffering from a disturbance of the digestive organs, the proof of which being the entire failure to *cure* by a purely malarial course of treatment." Now, I have practiced medicine through a period of eleven

years, and speak from experience and with confidence founded thereon, when I pronounce those remarks false and foolish, and misleading to the over credulous and inexperienced younger members of the profession. That there is, in the supposed cases, digestive disturbance is unquestionable; but that is not a disease, it is only a sign of disease as dropsy, for instance, is of heart or kidney or blood disease. The manufacturers of drugs are quite too fond of lecturing the profession through their agents. Their business is, like the tailors and shoemakers, to supply our wants and not to tell us the why and the wherefore of their wares and all that. Taking all acute diseases, with the exception of those due to contagion, which prevail throughout the Western States, the sulphate quinia and its substitutes, assisted by proper adjuvants, as may be indicated in particular cases, will either cure or benefit at least nineteen cases out of twenty. The disturbance of the digestive organs spoken of by the writer is secondary, and when carefully examined will, in the majority of cases, present unmistakable evidences of malaria, hence the sulphate of quinia will be indicated.

CHAS. VAN WYE, M.D.

BROWING, LINN CO., MO.

Editors Louisville Medical News:

Prof. Wm. Goodell, the gynecologist, is the student's favorite clinical lecturer at the University Hospital. He makes a gynecological examination always with the left hand and an obstetrical with the right. This prevents infection from one set of cases to the other. In gynecology this mode leaves the right hand free for external manipulations, for the introduction of the uterine sound, the curette and other instruments. The woman is never exposed, being covered by a sheet, and the speculum is used only for ocular inspection or for gynecological operations. In virgins he never makes an examination until all internal remedies have failed.

In a clinical lecture on menorrhagia and metrorrhagia Prof. Goodell recommended the internal use of fl. ext. ergot in teaspoonful doses every two hours, or five drops of oil of origanum in capsules or on sugar. These failing, he advised the use of the dull curette, scraping the uterine walls, even if there be nothing in the uterus. This is Prof. Goodell's great stand-by in

uterine hemorrhages. When prescribing iron in menorrhagia he prefers the following:

R Sulph. iron, dried, } aa ʒij
 Carb. potash, }
 Glucose, q. s.

Mix, and make forty-eight pills. Direct: One pill after meals, and increase to two pills on the third or fourth day.

Dr. John M. Keating's treatment for sthenic types of pneumonia is the bisulphate of quinine in three-grain doses every three or four hours, given by suppositories. Combined with this, tincture of aconite, ipecac for its relaxant nauseating effects, and absolute rest. Locally moist poultices, warmed as often as necessary. If the disease continues and enters the later stages, the treatment must be changed, and becomes the same as that for broncho-pneumonia and pneumonia of an asthenic type. The muriate, bromide, and carbonate of ammonia may be used. Dr. Keating has some faith in the bromide of ammonia. Opiates, if there is pain and restlessness and a great amount of secretion of mucus in the bronchioles. Nourishing diet, especially milk. The nauseating syrups are not advised, because the stomach of the child is its main sheet-anchor. Counter-irritation to the chest by sinapisms or the stimulating liniments, followed by warm cotton dressings.

Prof. Chas. F. Stille recommends the use of fresh matter for vaccinating, and is not particular whether it is bovine or humanized virus, just so it is fresh. To get the use of perfectly fresh and reliable vaccine matter, the physician will do well to vaccinate from arm to arm, using thus the fresh humanized lymph. Prof. Stille is an acknowledged authority whose experience is valuable because it is extensive and mature, therefore this statement merits more than a passing notice by those who have some trouble in getting good vaccine matter.

Prof. James Tyson, in a lecture before a private class at the Philadelphia Hospital, remarked that cystitis, following enlarged prostate in old men, was often due to a dirty catheter introduced daily by the physician or the patient himself. A catheter used to draw off the urine in such cases should always be thoroughly cleansed in carbolized water before and after catheterization, thus preventing the introduction of bacteria into the bladder. The enlarged prostate acting as a dam prevents the complete emptying of the urine from the blad-

der, and the introduction of the bacteria causes a putrid change of the urine, which gives rise to cystitis. To acidify the urine in such cases give either boracic or benzoic acid.

On the center-table of Dr. H. F. Formad's laboratory stand a dozen common microscopes, one like the other. Having crude notions about what kind of a microscope a country doctor like myself ought to buy, I inquired for Dr. Formad's views on the subject. Said he, "A complete outfit, microscope and accessories, ought not to cost more than fifty dollars. A fine binocular microscope with revolving bases, compound stages and sub stages, dove-tailed fittings, and nose-pieces and eye-pieces innumerable is only good for a show-window. Buy a microscope at Zentmayer's, or for that matter any where, for forty dollars, and pay ten dollars more for the accessories, which ought to be as few as possible." Dr. Formad does all his laboratory work and teaches his pupils with these simple, well-made, cheap microscopes. He sees every thing with them that a high-power microscope can show. But a master always uses simple tools!

In looking over the files of the Louisville Medical News in the office of one of the leading medical journals of Philadelphia, I noticed that the scissors had made much havoc. No better argument can convince the practitioners of the South and West that they should be proud of the News.

By the way, Dr. A. D. Price, of Harrodsburg, Ky., the President of the Kentucky State Medical Society, spent the winter at Philadelphia, and he most befittingly represented the profession of "old Kentuck."

E. J. KEMPF, M.D.

PHILADELPHIA, Jan. 6, 1883.

Editors Louisville Medical News:

Most of us have known instances where old fashioned, large-sized copper cents have traversed, in a few days, and without injury, the intestinal canal of children. The recital of a recent case may not be without interest. The son, aged six, of my friend Dr. Lee, of this city, swallowed a five-cent nickel piece, September 25th, without the symptoms of any indisposition consequent thereto, save a mild attack of dysentery two weeks afterward. This yielded readily to treatment. On December 16th the coin was vomited without change, only blackened by the gastric acids.

F. P. P.

CHARLESTON, S. C., Jan. 6, 1883.

Selections.

THE TREATMENT OF TYPHOID FEVER.—

Enteric fever is one of the many diseases for which as yet no specific is known, and for which I am inclined to think no specific will ever be discovered. It was maintained, even a few years ago, that an emetic, given early in its course, would frequently arrest its progress; and my late colleague, Dr. Brinton, was a believer in this reputed effect of emetics. It has also been held that the diarrhea is salutary and eliminative, and that, by promoting or encouraging it, the disease may be shortened or rendered less severe. These views were based on an imperfect appreciation of the nature of the disease; on the belief either that the intestinal affection is primary, and to be got rid of, like lice externally, or intestinal worms within, by local remedies; or that the intestinal mucous membrane is an organ by means of which the specific poison of the disease is endeavoring to escape. But even though the contagium of enteric fever be received into the stomach, it has long passed thence into the system before the symptoms of the disease arise; and obviously at this time, whatever opportunity for the successful use of emetics might theoretically have been present at the beginning, has long passed away. And to look on the diarrhea which is due to the enteric lesions as eliminative, is to look upon these lesions as centers of elimination, and is equivalent to regarding the eruptions of the eruptive fevers, which are mere foci for the growth of poison, as organs developed for the discharge of poison pre-existing in the blood—a view which is manifestly absurd when applied to the pustules of smallpox, or the tubercles of syphilis. But, if we can not cure enteric fever, or eliminate its specific poison from the system, we can at any rate treat, and in most cases relieve, some of its most distressing symptoms or complications.

Diarrhea is one of the most characteristic, and often one of the most troublesome and dangerous symptoms of the disease. It is often absent, however, for days together; and occasionally is replaced by constipation during the whole course of the disease. Many physicians, and some even of our most distinguished contemporaries, would encourage by laxatives the diarrhea, if not carried to excess; and would endeavor to excite it in cases attended with constipation. The practice is based on the opinion al-

ready referred to, that the poison tends to escape by the bowels, and on that that the retention of poisonous and putrefactive matters in the bowel is a source of danger. From the former of these views, I have already expressed my reasons for dissenting. As to the latter, I can only say that the motions are not, I believe, specially offensive, or, except in a specific sense, poisonous; and that the bowels, after all, naturally contain ordure. But, on the other hand, persistent diarrhea tends materially to weaken the patient; the commotion which attends it is a source of direct danger to the diseased bowels; and further, diarrhea, once brought on artificially, is very often difficult to be restrained. I have no doubt myself that, although two, or even three, evacuations in the day may not call for measures of restraint, diarrhea, if it should exceed this amount, as a rule, ought to be checked. Of all medicines, opium, in its various preparations, is the most valuable for this purpose. It may be given by the mouth in frequent small doses, or by the rectum in the form of a small enema or suppository. The dose and frequency of administration must of course depend on the amount of diarrhea present, and on the age and condition of the patient. Other remedies, which may be employed either alone or in aid, are the vegetable astringents, especially kino, catechu, and tannic acid, sulphuric acid, and lead. It is important to bear in mind that the danger of diarrhea depends not only on the actual profuse discharge of fecal matter, but on the peristaltic movements which accompany it, and which tend to cause rupture of thin-based ulcers. Now, this peristaltic movement may be present in the ileum, even when constipation prevails; for the large intestine, from being healthy or torpid, may fail to propel onward the matters which are being constantly poured into it from the small intestine; that is, diarrhea, so to speak, may be taking place from the small intestine into the large at a time when actual constipation exists. It is clear, therefore, that opium may be demanded to restrain the painful or violent movements of the bowels, even when the bowels are constipated.

Constipation, nevertheless, has, at times, to be dealt with. Is it right that constipation, when present, should be allowed to continue until nature brings relief, or should it be obviated by medicinal treatment? I do not think that constipation of a few days' duration is at all likely to be injurious; and,

indeed, I have seen it continue for a considerable length of time without causing any ill effects. It is not, however, desirable in itself that the bowels should be locked up; and, moreover, constipation, long continued, is apt to induce diarrhea. Whether we should do any thing, however, and what we should do, depends largely upon the condition of the patient and on the stage of his disease. There can be no doubt that, during the first week or ten days—that is, before ulceration has commenced—laxatives, such as castor-oil and rhubarb, may be given with impunity, and often with benefit. But, after ulceration has begun, and thence onward until convalescence is far advanced, even the mildest opening medicines must be looked on with suspicion; and, although I would not venture to maintain that under no circumstances should castor-oil or rhubarb be given during this period, I am sure that, on the whole, it is better and far safer to relieve the overloaded bowels by mild enemas. In support of this statement, I may remind you that constipation is almost always due, not to sluggishness of the small intestine but to sluggishness of the large intestine in which the feces accumulate and harden.

Hemorrhage from the bowels may occur early in the disease, and is then small in quantity and of no importance. When, however, it takes place from the ulcerated surfaces, and after the second week, it is a matter of serious alarm. It is true that the patient usually recovers, even though it be copious, and that very often it does not recur. But in some cases the blood escapes with sudden impetuosity, and the patient dies rapidly in a state of collapse; and in some the hemorrhage is so frequently repeated that the patient, who may seem doing well for a time, finally sinks. I am inclined to think, with Sir W. Gull, that this bleeding is practically beyond our control; and that the patients in whom our remedies seem to be efficacious are those in whom the hemorrhage would not have occurred, even if no treatment had been adopted. It is not by applying weak astringent solutions to external bleeding wounds that hemorrhage therefrom is restrained; and few, I should think, would have any faith in the possibility of arresting such hemorrhage by the internal administration of astringents. Nevertheless, feeling it to be my duty to do every thing in a dangerous crisis which might tend, however little, to benefit my patient, I should certainly, under such circumstan-

ces, give him ice-cold fluid to drink, apply cold compresses to the abdomen, and administer either lead, or tannic acid, or digitalis, or ergot, or turpentine, or perchloride of iron.

Perforation of the bowel and consequent peritonitis are almost invariably fatal; the only treatment, in addition to local applications to the abdomen, consists in bringing the patient speedily and in keeping him under the influence of opium.

High temperature (a subject to which I shall presently recur) is, no doubt, in itself an element of danger; and for this reason its reduction seems desirable. Various medicines have been employed with this object; the most important and efficacious of which are quinine and salicylic acid. In order that quinine shall reduce temperature, it requires to be given in large doses—thirty or forty grains at once, or in installments at short intervals. Thus administered, it reduces the temperature by three or four degrees in the course of a few hours, and the temperature may remain low for a dozen hours or more. Salicylate of soda may be given in doses of twenty or thirty grains every four hours, and also causes marked reduction of temperature. But in both cases the reduction is of temporary duration only, and the drug requires to be continued. I have not employed either of these remedies largely in the treatment of enteric fever; and I must confess that my own experience of their use has not impressed me favorably. Of the treatment of other complications I do not propose to speak; and it only remains for me to add, under the head of treatment, that, during convalescence, tonics, and especially the vegetable bitters, are of great value.—*Dr. Bristowe in British Med. Journal.*

TREPHINING.—Three cases of depressed fracture of the skull, in which the trephine was successfully applied, are reported by Dr. H. Blanc, of Bombay, in the *Lancet*, December 16th. He concludes as follows:

The first case is one of a depressed fracture of the frontal bone, attended by slight concussion of the brain. On the seventh day after the injury the individual, who until then was doing well, was suddenly seized with progressive facial paralysis, dyspnea, etc. These symptoms (taking into consideration the date of their appearance) indicated localized inflammation of the brain, due to the presence of depressed and penetrating fragments of bone acting as a foreign

body. That this was the case, was amply proved by the result of the operation. The relapse which followed a few days afterward was due to the contused brain undergoing suppuration, and owing to a free exit having been made by the trephine the abscess was evacuated externally, and rapid recovery ensued.

In the second case we have to deal with a well-marked instance of functional disturbance of the brain. There was compression of the brain on its convex surface (a piece of bone being firmly wedged in), but unaccompanied by symptoms of compression. The paralysis and contraction which afterward developed were due to disturbed cerebral circulation and to localized congestion rather than to inflammation. This is implied by the rapid improvement that followed the operation.

In the third case there was severe concussion of the brain, with laceration and contusion of the meninges. The very rapid and unfavorable progress of the case made the prognosis a most serious one. Nevertheless, after the penetrating fragments had been removed the further progress of the cerebral inflammation was considerably lessened.

Apart from their diagnostic value, I think that these cases will assist in rehabilitating the operation of trephining the skull in appropriate cases. These three individuals would, in all probability, have succumbed to cerebral inflammation had not operative surgery interfered on their behalf.

DIPHTHERIA AND TYPHOID.—Dr. Mortimer Granville writes as follows in the *Lancet*:

As a matter of clinical fact—a fact too commonly overlooked, if indeed it be widely recognized—typhoid fever is generally preceded by an affection of the throat, which if minutely examined will be found to be characterized by the presence of minute pellicles of diphtheritic membrane, usually situated on the upper and posterior surfaces of the tonsils, and nearly always accompanied by a few small patches in the fauces. This is particularly noticeable in the Paris fever. There would seem to be a tendency to the development of this membrane in *direct* proportion to the intensity of the poison and the vigor of the "constitution"—if I may use this term—of the patient attacked, and in *inverse* proportion to the rapidity with which the glands of the intestine are infected. To state the results of inquiry—some-

what too dogmatically, perhaps—it may be said when a patient is infected by the specific morbidities of diphtheria or typhoid, the poison being the same in either case, it depends on the subject more than the disease whether the malady will take the form of "diphtheria," conventionally so called, or of "typhoid fever." And in a case in which the diphtheritic throat affection is strongly marked at the outset there would be special danger of hemorrhage, not from deep ulceration, but from the rupture of minute vessels during the course of the disease, when the diphtheritic sloughs are thrown off from Peyer's patches—the hemorrhage, if it occur, being preceded by the appearance of exceedingly minute streakings of *bright* blood in the yellow ochre-like (Budd's) portions of the stools.

Another point of interest relates to the susceptibility of patients to diphtheria and typhoid fever respectively. *I believe the two maladies are so related that one may be employed as a prophylactic of the other.* Experiments made on monkeys showed that the malady might be produced in a very mild form by direct inoculation, and, except that the amount of evidence collected was not sufficient for the absolute proof, that when once the organism had been infected with diphtheria it was not likely to have typhoid badly. I have now in recollection cases of the kind in which infection with typhoid subsequent to the infection of diphtheria was sufficiently distinct to cause the subject to communicate the typhoid to other subjects who had the malady fully developed, but only to show the symptoms of typhoid in its own case in a very mild degree.

There is therefore no reason why diphtheria and typhoid *should not coexist*, not as two distinct diseases, but as *one and the same disease in two forms*. It is not rare to find these two forms together, but the throat affection is very commonly overlooked. The "spots" of typhoid, if we disregard for the moment the Irish type of the fever, must be considered as bearing a direct relation to the degree of the intestinal affection; I mean the degree of the disturbance set up in Peyer's patches in what may be called the eruptive stage of the disorder. Those who treat diphtheria would confer a benefit on the science of pathology—the pathology of *existing* disease—if they would in all cases look for typhoid spots. I believe there is generally some, though not great irritation of Peyer's glands in diphtheria, and when this is strongly marked there ought to be "spots."